LOUISVILLE CITY SCHOOL DISTRICT

DONATION/GIFT FORM

Please complete the following information in accordance with Board Policy 7230 and submit to the Treasurer's Office.

Donor Name: _____

Donor Address: _____

_____

Description/Type
of Donation/Gift: _____

_____

_____

Purpose: _____

Location: _____

Estimated Value: _____

Date Received: _____

Signature of Recipient: _____